CRN Connection

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In This Issue

Hooray for CRN3!

The Cancer Research Network (CRN) is a collaboration of 13 non-profit HMOs plus one CRN-affiliated HMO committed to the conduct of high-quality, public domain research in cancer control. The CRN is a project of NCI and AHRQ.

News from NCI

Of course the big news is that funding for CRN3 has been approved. As most people who are reading this probably know, this decision was made by the NCI Executive Committee in the midst of the HMORN/CRN annual meeting. Since I refuse to own a Blackberry the word was relayed by my colleagues Rachel Ballard-Barbash and Robin Yabroff as they heard it at 2:15pm (5:15 pm Bethesda time). The message spread pretty fast by word-of-mouth through the hotel in Portland so any formal announcement was an anti-climax. Here are a few personal thoughts at this important juncture.

Congratulations to all CRN participants. NCI leadership's continued support for a research enterprise that is outside of the typical mold of NCI, in a time of problematic budgetary conditions, reflects on the outstanding track record that you have achieved and on the compelling case that you helped us make for the value of CRN to NCI. As you know, within the past year there seems to be an almost exponential increase in appreciation of the potential of CRN and HMORN among NIH officials and from other research organizations.

Continued on page 3

Ed's Corner of the World

News from the CRN PI

As you've all heard by now, the CRN was funded for five more years. We owe a special thank you to our NCI colleagues--Martin Brown, Robin Yabroff, Rachel Ballard-Barbash, and Bob Croyle--for their strong support, guidance and advocacy. See Martin's perspective on the process and the opportunities. CRN3 will have some new emphases. We will emphasize the development of new and less senior investigators through a new Investigator Development Core and the availability of funds for pilot studies. We will work to make our VDW and other informatics developments valued resources for doing research in our home institutions, not just for multi-center studies. We will expand our capacity to study the translation of research findings into practice and their cost implications. We will work more closely with clinicians and administrators in our organizations to increase the relevance and usefulness of our research, and to increase the involvement of our patients in important clinical trials. These are the right emphases given our societal mission, interests and history. With your help, we can make the CRN even more productive, more useful to our patients and organizations, and more fun. Thanks and congratulations.

Ed

Progress Report for HMOs Investigating Tobacco, Phase II (HIT 2)

HMOs Investigating Tobacco (HIT 1) was a nine-HMO project conducted as a part of the first CRN grant. HIT 1 examined tobacco treatment policies in the CRN HMOs, including overall policy surveys, multiple patient surveys, medical record reviews, and two physician surveys. HIT 2 is a follow-up study being conducted at four of the CRN sites: Kaiser Permanente Northwest, Colorado and Hawaii, and Harvard Pilgrim. In addition to investigators from these four sites, research scientists from HealthPartners and Kaiser Permanente Southern California are also participating in the HIT 2 project.

One of our findings in HIT 1 was that about half of the tobacco treatment information in the medical records was recorded in free-text notes rather than in coded fields, and most of the most important treatment information – providing assistance in quitting smoking – was recorded only in the free-text notes. It became clear that to use the electronic medical record (EMR) to comprehensively assess quality of care and adherence to patient treatment guidelines, we needed to develop an efficient means for coding free-text notes.

The first goal of the HIT 2 project was to develop a method for coding all available data in the EMR, including both coded fields and free-text notes. This project presented some interesting challenges, not the least of which was developing comparable data extraction procedures in four different HMOs. We used natural language processing techniques to code the free-text notes, and combined that information with coded fields such as diagnosis codes and prescriptions to get a comprehensive assessment of tobacco treatment. After more than a year of development, the MediClass program was found to be both valid and practical to use at all four of the participating CRN sites. We have written two papers on the MediClass program including a technical description of the program development process[1] and of the validity study[2].

After completing the validity study, we used MediClass to assess adherence to national tobacco treatment guidelines. We developed a method for providing feedback to individual physicians four times per year regarding their adherence to the guidelines and how their performance compared to other physicians in the practice group. The effect of this feedback was then tested in a randomized trial. Preliminary results from this trial are encouraging and it appears that regular feedback of this information had the effect of increasing adherence to tobacco cessation guidelines. Final analysis of the feedback study is currently underway.

Recently, we successfully demonstrated scaling up this approach, using the MediClass program to assess tobacco cessation treatment for all patients in Kaiser Permanente Northwest for an entire year.

[1]Hazlehurst B, Frost HR, Sittig DF, Stevens VJ. MediClass: A system of detecting and classifying encounter-based clinical events in any electronic medical record. J Am Med Inform Assoc 2005;12:517-529.

[2]Hazlehurst B, Sittig D, Stevens V, Smith KS, Hollis J, Vogt TM, Winickoff JP, Glasgow R, Palen TE, Rigotti NA. Natural language processing in the electronic medical record: Assessing clinicians' adherence to tobacco treatment guidelines. Am J Prev Med 2005 Dec; 29(5):434-439.

- Vic Stevens, KPNW

A huh? A Selmelier?

Some people think of Oregon as being famous for its wines, and they went wine tasting while attending the HMORN Conference. Others think of food items more basic than wine. Seven attendees from 3 HMOs went salt tasting with a salt guru, a Selmelier, at *The Meadow* in the Mississippi Historic district, Portland, OR. A few of us were trepidatious. A few were already salt connoisseurs. Best of all, by the end of the tasting, we all learned about the different ways salt is harvested, the different tastes, textures, and smells, and, finally, more about our individual preferences of salt on different foods.

Building Blocks for the Future of the CRN and the HMO Research Network

2006 was a year for both the CRN and the HMO Research Network (HMORN) to take stock of the past, present and future. For the CRN, this was accomplished through a Strategic Planning process (see accompanying article on page 6). For the HMORN Governing Board, strategic discussions about its resources and sustainability were delegated to a subcommittee dubbed the Asset Stewardship Committee (ASC). This subcommittee was initially comprised of the principal investigators of the major consortia plus two at-large members. At the March 2007 Governing Board meeting, the ASC was expanded to include additional members (legend shows current membership).

A major task of the ASC in late 2006 was to oversee a SWOT analysis, or an assessment of the Network's Strengths, Weaknesses, Opportunities and Threats. Governing Board members completed web surveys and phone interviews, and results were qualitatively analyzed. The survey also explored members' views of the consortium projects, and what it would take for the Network to fully realize its vision of being the "partner of choice" for population-based research. Some of the overall messages from the survey that relate to CRN activities were that:

ASC Members

Jerry Gurwitz, Meyers
Mark Hornbrook, KPNW
Steve Jacobsen, KPSC
Eric Larson, GHC
David Magid, KPCO
Andy Nelson, HPRF
Rich Platt, HPHC
Joe Selby, KPNC
Ed Wagner, GHC

- The HMORN needs a coherent, cohesive, and explicit strategy that helps it realize its scientific and operational potential.

- Stewardship of data resources is a predominant concern and warrants very thorough assessment and planning.

- Across HMORN sites and across consortia, our values, collaboration styles, processes, and capabilities may vary widely.

To the extent possible, it behooves the HMORN to capitalize on processes and practices that are working well within its consortium projects, and exploit synergies. However, respecting the independence of each consortium is essential. Though undertaken independently, both the SWOT analysis and CRN Strategic Planning Committee recommendations will serve as important guideposts for CRN3 and the HMORN as a whole.

-Sarah Greene, GH

News from NCI

Continued from page 1

New and challenging mandates have been incorporated in the funding plan for CRN3. We believe that the CRN3 funding plan provides a framework for meeting these challenges in innovative ways and for increasing the capacity, scope and excitement of CRN activities.

We are committed to increase NCI involvement over the next 5 years to make these new potentials into realities. Dr. Robin Yabroff of NCI has already started to become administratively and scientifically involved with CRN and will be a mainstay of NCI collaboration for CRN3. You will discover that Robin is an outstanding researcher and research administrator. Over the next five years (and, I hope, beyond) Robin, I, Rachel and other NCI staff will continue to work with you to make CRN a premier resource and venue for exciting and innovative scientific collaboration.

-Martin Brown (NCI)

CRN Connection

The CRN Connection is a publication of the CRN developed to inform and occasionally entertain CRN collaborators. It is produced with oversight from the CRN Communications Committee.

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Highlights from the American Society of Preventive Oncology (ASPO): Potential CRN opportunities and a report from the NCI Listens Session

The annual ASPO (www.aspo.org) meeting took place March 2-4, 2007 at MD Anderson in Houston, Texas. The meeting highlights transdisciplinary cancer research and has a good attendance from many US Comprehensive Cancer Centers.

ASPO is an untapped resource for CRN investigators to grow and to present transdisciplinary research! The Associate Directors of Cancer Prevention and Control meet at ASPO. This year they discussed prevention cores and Cancer Center Support Grant review procedures and criteria. This open meeting is an ideal place for CRN leaders to convene, not only to increase our profile to other Cancer Centers, but also as a place to identify important collaborative opportunities with our new partners.

At the Board of Director's meeting, there was a call for more "Public Health" research, which was really a call for translational research to get better integrated. The highest rated abstracts are selected each year for presentation at ASPO and the majority of these focused on areas near and dear to CRN researchers (Dr. Ulcickas Yood's BOW abstract on breast cancer treatment and mortality).

Special Interest Groups (SIGs) at ASPO include: chemoprevention, tobacco control, diet & nutrition, molecular epidemiology, screening, behavioral oncology and cancer communication and junior members. The Board approved the formation of two new SIGs: international research and cancer survivorship (proposed by our very own Dr. Diana Buist).

The ASPO Junior Member's group[1,2], comprises roughly one-third of all ASPO attendants, and holds two career development workshops each year. Topics covered include: grant writing, getting papers off your desk, time with journal editors from leading cancer journals, mentoring, balancing career and other demands on your time, and mock grant review sessions.[1,2] These sessions offer opportunities for junior investigators within the CRN, as well as for more senior CRN investigators to highlight CRN resources and to network with possible junior collaborators.

Stay tuned for more educational sessions at ASPO next year. They were new this year and were a great success!

NCI Listens Session

The session was led by Dr. Bob Croyle & attended by a few other NCI representatives, including Dr. John Kerner. Its purpose was to create an open forum for ASPO members to send messages back to NCI's Board of Scientific Advisors (BSA). MD Anderson's Dr. Chris Logothetis attended on behalf of the BSA, and will report highlights from our session back to the BSA. Researchers were able to ask questions and comment about issues they're facing in the current funding environment.

Topics discussed included:

Are any R01s considered for **funding above the payline**? (Answer: yes, but rarely)

Hard data demonstrates **competing continuations** are twice as likely to be funded as new R01s (a fact that few study section members realize)

Investigators hit hardest by the **low paylines** appear to be those competing for their second R01 grant (not competing continuations) and clinician investigators

NCI's decision to **cut grants to 24%** (down from 33%). Dr. Croyle remarked this was a tough decision to make. Fewer new grants will be funded, but funded grants will be able to accomplish more of their original scope of work. NIH may integrate new guidelines into the Notice of Grant Award requiring investigators to show how the scope of work will be reduced to reflect budget cuts.

Future of the NIH/NCI budget. Given the divided government, will Congress appropriate more money to NIH? NCI has asked about this but as Dr. Logothetis pointed out, the US government already provides more research funding than any other nation in the world. And as long as the country is still at war, the budget will continue to be tight.

New grant review changes. Turnaround time for pink sheets and scores has improved recently, and may get faster when the page limit for grants is reduced. ASPO members proposed encouraging NIH to

Highlights from ASPO

Continued from page 4

vary the review process by type of grant (e.g., 10 pages for basic science and 15 for population-based sciences). Dr. Croyle was confident that there will be reduced page limits for grants in the near future, but was not optimistic of varying page limits.

Revisiting the **$500K direct cost limit to grants?** Dr. Croyle mentioned it may be time to revisit this upper limit, but that there are some very important advantages to the request to submit grants over the $500K limit. This mechanism has increased internal communication at NCI, which in turn has decreased overlapping proposals and very closely related proposals.

Important changes at the Center for Scientific Review. Dr. Elias Zerhouni has charged Dr. Antonio Scarpa (Director of the CSR since July 2005) with improving CSR efficiency, to handle increasing numbers of grant submissions with a flat budget. Dr. Scarpa has been conducting natural experiments within study sections to test different efficiencies, such as teleconference meetings and using different review guidelines at the time of review. There was a suggestion to NCI-CSR to consider two triage levels for grants – one for grants that should not be resubmitted and one for grants that might do alright if resubmitted.

Study sections have been hurt by a **lack of senior reviewers**. First-time reviewers may criticize insignificant things, losing sight of the big picture while trying to demonstrate strong methodological training. CSR may eventually require all grantees to participate in a study section as part of their award.

Lessons learned:

- Do your homework and **talk to program directors for Funding Opportunity Announcements**. Be sure your specific aims fill gaps in research and do not overlap with already funded studies or those in queue to get funded (you can't find these on CRISP). This is particularly true for transdisciplinary research with expensive components such as genome scanning and/or longitudinal follow-up studies. NCI is revamping their website to provide more up-to-date information on what is currently funded.

- **Don't reinvent the wheel.** If you're not a new investigator and you're not submitting a competing continuation, your best chance at getting funded is to piggy-back on a large consortium. CRN was called out as a prime example of an opportunity for getting more bang-for-the-buck.

- **Be patient.** There's a good chance you'll need to resubmit your grant three times.

We were surprised at how little representation of CRN members were at ASPO and at this important session. We urge the CRN to get engaged and be more politically active at NIH/NCI (BSA has cancer center representation but no one from any HMO settings). We also need to ensure the CRN and the HMORN respond to NIH requests for feedback on proposed changes to grants (e.g., decreased length). It's important to let the NCI know conducting new studies with pre-existing data isn't always inexpensive. CRNers need to participate in study sections and make sure we feed relevant information back to our colleagues. We also need to be prepared for change – because it's going to happen whether we like it or not.

-Diana Buist, Erin Aiello (GH)

[1]Buist DSM, Kanetsky PA, Studts JL et al. Recruiting and training leadership through professional societies: a report from the American Society of Preventive Oncology Junior Career Development Interest Group. Cancer Epidemiol Biomarkers Prev 2006;15:1422-24.

[2]Chang S, Buist DSM, Reid M et al. The characteristics and training of professionals in cancer prevention and control: a survey of the American Society for Preventive Oncology (ASPO). Cancer Epidemiol Biomarkers Prev 2004;13:1094-8.

CRN News & Milestones

CRN funded for 5 more years!

Check out PubMed to see how publication-prolific the CRN Breast Cancer in Older Women (BOW) project is!

CALENDAR OF EVENTS

AACR
4/14-18/07, Los Angeles, CA

NCI/USC Interdisciplinary Research
5/2-3/07, Pasadena, CA

NCI Colloquia Series
5/23/07: Diana Buist, PhD
5/30/07: Laurel Habel, PhD
Rockville, MD

AcademyHealth
6/3-5/07, Orlando, FL

Society of Epidemiologic Research (SER)
6/19-22/07, Boston, MA

CRN Strategic Planning Committee Recommendations

At its November 2006 meeting in Burbank, CA, the CRN Steering Committee adopted a motion to form an ad hoc Strategic Planning Committee to address challenges facing the network as it begins its third funding cycle, CRN3. Our charge was to identify and prioritize opportunities to improve the effectiveness of the CRN, and to make recommendations to act on these opportunities to the Steering Committee. The recommendations in the following table were very briefly discussed at the March 2007 meeting in Portland, OR, and were approved at the Steering Committee meeting on April 11, 2007. There is still a need for input by key internal and external stakeholders. A revised version of the Strategic Plan will soon be distributed for comment by health plan investigators, other HMO Research Network projects, and the NCI.

Summary of Recommendations Discussed by the CRN Steering Committee in March and April 2007

MISSION AND STAKEHOLDERS

1. Evaluate the spectrum of opinion about the value of affiliation. Consider the interests of various stakeholders and balance competing interests to enhance the CRN's effectiveness and sustainability. Rewrite the mission statement to clearly articulate the value of affiliation.
Importance: MEDIUM
Urgency: MEDIUM

2. Actively work with the HMORN leadership toward the goal of integrating key activities across HMORN collaborations.
Importance: HIGH
Urgency:HIGH

RESEARCH AGENDA

3. Engage in dialogue to reach consensus on identifying specific priorities for infrastructure development.
Importance: HIGH
Urgency: MEDIUM

4. Take steps to increase scientific capacity and proposal development in delimited areas. Enhance and better manage the project-development pipeline.
Importance: HIGH
Urgency: MEDIUM

LEADERSHIP AND ORGANIZATION

5. (Approved) Discuss decentralization of the CRN leadership structure, and develop a process to select two Co-PIs to begin succession planning.
Importance: HIGH
Urgency: HIGH

6. Hold more closed meetings of the CRN Steering Committee.
Importance: HIGH
Urgency: HIGH

7. Revisit the CRN contracting structure.
Importance: HIGH
Urgency: LOW

8. Articulate the expectations of and for each participating CRN site.
Importance: HIGH
Urgency: LOW

SCIENTIFIC CAPACITY

9. Identify high-potential investigators and strategic external collaborators for increased participation in the CRN.
Importance: MEDIUM
Urgency: MEDIUM

DATA RESOURCES

10. (Will be combined with #2) Engage in dialogue to better understand and more appropriately communicate to internal and external stakeholders the CRN/HMORN's distributed data capabilities.
Importance: HIGH
Urgency: HIGH

DISSEMINATION

11. Broadly disseminate the Strategic Plan.
Importance: HIGH
Urgency: HIGH

-Lisa Herrinton (KPNC)